

# WEAPONS APPEAL - ENGLISH

F-1 3314

## Student Weapons Violation

Students appealing a disciplinary decision for a Weapons Violation must respond in writing to the following questions. This response must be received within the timeline indicated in the letter. **You may attach additional paper to answer these questions.**

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

*Please check the appropriate box below if the student is enrolled in a Special Program:*

Special Education/IEP  Section 504

*Do you need an Interpreter to be present at the hearing?* \_\_\_ YES \_\_\_ NO

*If yes, please specify language* \_\_\_\_\_

1. **Admit or Deny that you had a Weapon or an Object used as a Weapon.**

- YES, I had a Weapon or an Object used as a Weapon.  
 NO, I did not have possession of a Weapon or an Object used as a Weapon.

2. **Student Interpretation of the Facts.**

If you admit violation of the Weapons Policy, you will be expelled unless the Board finds such extreme and abnormal circumstances that an exception to its policy is justified. If you deny you had a weapon, your account must clearly establish that fact as well as refute the Administration's Investigation. Describe the incident and events leading up to the incident fully. When, Where, and Why did the incident occur? When, Where, and Why did you have possession of the Weapon/Object? Name all witnesses or involved parties. (Your version should be complete as the Board may make its decision from the report without additional comment.)

3. **Student Response to Administrative Investigation.**

List all reports which you have received regarding the incident. Clarify or rebut any investigative observations or conclusions with which you disagree, especially as to facts relating to possession or use of the Weapon/Object.

4. **Summarize, briefly, based on the Policy and your facts, why you should not be expelled.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\* A hearing date will be scheduled within one (1) school business days of the receipt of this completed appeal form.**

August 2019